



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		Attorney Docket No. <div style="text-align: center;">8733.904.00</div>
Application Number: 10/691,312		Filed: October 23, 2003
For: LIQUID CRYSTAL DISPLAY DEVICE AND METHOD FOR IMPROVING COLOR REPRODUCIBILITY THEREOF		
Art Unit: 2629	Examiner: William Boddie	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter appropriate fee below):		
	<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65 \$ 130.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245 \$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555 \$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865 \$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175 \$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.		
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.		
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees, which may be required, or credit any overpayment, to Deposit Account No. <u>50-0911</u> .		
I am the <input type="checkbox"/> applicant/inventor.		
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>53,005</u>		
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____		
<u>Valerie P. Hayes</u> Signature		<u>March 25, 2009</u> Date
<u>Valerie P. Hayes</u> Typed or printed name		<u>(202) 496-7500</u> Telephone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below		
<input type="checkbox"/> Total of <u>1</u> forms are submitted.		

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